

JUL 16 2004 13:20 FR GE CORPORATE R-D

5183877751 TO 817038729306

P.01/06

Appl. No. 09,682,852
Amdt. Dated 16 July 2004
Reply to Office action of May 25 2004

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I hereby certify that this correspondence is being facsimile transmitted to the Central Facsimile Number (703) 872-9306 of the United States Patent and Trademark Office on 16 July 2004 (Date). *Amendment* (6 pages total- including 1 page for transmittal sheet)
Typed or printed name: Ann M. Agosti.
Signature: Ann M. Agosti

Appl. No. : 09/682,852
Applicant : Shah et al.
Filed : 24 October 2001
Title : Fault Current Limiter
TC/A.U. : 2832
Examiner : Mai, Anh T

Docket No. : RD29526
Customer No. : 6147

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT UNDER 37 CFR 1.116

In response to the Office action of 25 May 2004, please amend the above-identified application as follows.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.

OFFICIAL

AMENDMENT TRANSMITTAL LETTER

ATTORNEY'S DOCKET NO.
RD-29,256-1

SERIAL NO.
09/682,852

FILING DATE
10/24/01

EXAMINER
A. MAI

GROUP ART UNIT
2832

IN RE APPLICATION OF MANOJ R. SHAH, ET AL
FOR FAULT CURRENT LIMITER

TO THE ASSISTANT COMMISSIONER FOR PATENTS :

Transmitted herewith is an amendment in the above-identified application. The fee has been calculated as shown below.

CLAIMS AS AMENDED						
(1)	(2) CLAIMS REMAINING AFTER AMENDMENT	(3)	(4) HIGHEST NUMBER PREVIOUSLY PAID FOR	(5) NO. OF EXTRA CLAIMS PRESENT	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	9	MINUS	62	0	X \$18.00	\$0.00
INDEP. CLAIMS	8	MINUS	3	5	X \$86.00	\$430.00
ADDITIONAL FEE FOR USE OF MULTIPLE DEPENDENT CLAIM(S), IF NOT PAID PREVIOUSLY (once per application)					X \$290.00	
					TOTAL ADDITIONAL FEE FOR THIS AMENDMENT	\$430.00

- * If the entry in column 2 is less than the entry in column 4, write "0" in column 5.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☒ Please charge \$430.00 to my Deposit Account No. 07-0868.

☒ The Assistant Commissioner is hereby authorized to charge all required fees under 37 C.F.R. 1.16 or 1.17 or credit any overpayment to Deposit Account No. 07-0868.

Three copies of this sheet are enclosed.

6/16/04
date

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CRD Pat. Form 3a
(7/19/01)